IDAHO DEPARTMENT OF HEALTH & WELFARE

Regional Behavioral Health Boards - Frequently Asked Questions

This document will be used to regularly respond to questions submitted by members of Idaho's seven Regional Behavioral Health Boards regarding Behavioral Health transformation. Responses will be sorted so the most recent questions asked are at the top of the document.

May 20, 2015

Region	Question	Answer
3	If a regional board opts to partner with a 501(c) (3), is an RFP required? In other words, must the board go out for competitive bids or can it simply contract with a 501(c)(3) of its choice?	The Department will have to develop and release an RFP and execute a contract with the winning bidder. It is not possible to go directly to a contract because of state procurement requirements. Additionally, any time the board would like to contract with the Department for recovery and family support services, those would also have to be done through an RFP with no guarantee the board's non-profit entity would be awarded the contract. It makes things a little complicated to go through a non-profit, but we certainly want to support the board's decision.

May 18, 2015

Region	Question	Answer
	The statute requires that the State Planning Council approve each of the regions plans. Must this be completed before any regional contracts are signed?	The process of contracting with a health district (or other entity) doesn't require planning council approval. However, before the "health district/RBHB" can begin delivery of the services identified in subsection 7 of the statute, they must have been approved by the planning council as having met readiness criteria.

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May 5, 2015

Region	Question	Answer
	1. Will the RBHBs need to have liability insurance?	1. If a RBHB is partnering with a government entity such as a public health district or county, the role of the board is advisory and they, therefore, would have no need for liability insurance beyond that available to them in their advisory role to that entity. If a RBHB were to become an independent organization, as their own 501 (c) (3), there would be a need for liability coverage for board members.
	2. Why are the RBHBs still considered advisory in their new role under Idaho Code as it relates to Transformation?	2. If a RBHB is partnering with a government entity such as a public health district or county, it would be functioning under existing Idaho Code that directs the structure of those entities. For a county, the decision making authority is the county commission. For a public health district, decisions are to be made by the board of that district, whose members are either county commissioners or their appointees. The expectation would be that in a relationship between a RBHB and one of these entities, the RBHB members would be seen as the experts in the area of behavioral health and heavily relied on in making decisions regarding this area, but the ultimate decisions that relate to spending, contracting or legal issues for example, must be made by those assigned that responsibility in code.
	3. If a RBHB is partnering with another entity such as the public health district, as part of the Transformation effort, and therefore won't be acting as an independent governmental entity, does it still need to elect an executive board to represent them?	3. Idaho Code 31-3133 speaks to the need of a RBHB to elect an executive committee to represent them, in certain circumstances. This was originally part of the process needed to become an independent governmental entity. That option is no longer a viable one, so the absolute need to create an executive board isn't as clear under current circumstances. While not required in this situation, having an executive board that is allowed to make certain decisions on the part of the RBHB is still a valuable option. If a RBHB is partnering with an

		agency such as the public health district or a county, having a smaller group with the authority to make decisions on the part of the RBHB, allows the RBHB to be a much more nimble and responsive partner in decision-making.
	4. Do meetings held by a RBHB's executive committee need to comply with the requirements of the Public Meeting Law?	4. Yes. This is specifically noted in Idaho Code 39-3133.

April 30, 2015

Region	Question	Answer
3	1. Will the $50k ever go up or down? For example, if employee compensation raises are issued to the partnering agency, will this amount go up to cover an increase in the shared employee compensation (aka CRDS)?	1. Over the next 4 years, the Division of Behavioral Health is committing to $50,000/year for each Behavioral Health Board. Employee compensation changes at the Department will not result in increased funds for the boards.
	2. Will the BHB receive $50k if they choose to become a non-profit?	2. They would not receive the funding automatically. If a Behavioral Health Board became a non-profit, they would need to respond to an open-competition Request For Proposal (RFP) process.
	3. If DHW pursues a grant at the request of and on behalf of one RBHB and receives it, will they have to split it with other regions or put towards another region with a greater need?	3. We do not anticipate this happening, but a grant could be written in a way to benefit more than one region, possibly.
	4. How much grant writing support will DHW provide to the RBHB's?	4. Grant writing support will be available based on the workload of the Division of Behavioral Health at the time of the request.
	5. Will the RBHB's receive any funding from the SHIP grant to implement their RSS requirements per legislation?	5. We cannot answer this question at this time.

3	6. Idaho Code 39-3133 re: merit rules and partnering with Health District? "The ties for the health districts for fiscal policies and human resources (merit rules) are laid out for Public Health in Idaho Code and in Idaho Personnel Commission rule. All of our accounting and funds flow through the SCO/Treasurer and we are required by law and rule to follow state merit rules. And our books are required, again by Idaho Code, to be audited by State auditors. We must and do report receipt of all federal contract awards through the audit process. How can all of that compliance work be accomplished through a county or an organizational entity outside of state government is my question?"	6. Counties would have their own existing fiscal/personnel/audit criteria they would be working from, and this wouldn't be dictated by IDHW. A non-profit would be governed by their organizational documents, and again not dictated to by IDHW. This would all have to become part of a contractual relationship, however.

March 31, 2015 (Answer updated April 2, 2015)

Region	Question	Answer

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2	In legislation it requires an SUD and MH consumer or advocate on the executive committee. Are the following board positions outlined in statute which limits it to 6 positions who are eligible for the 2 seats on the exec committee: Family Member of an Adult SUD Consumer, SUD Advocate, Adult SUD Consumer rep (1 seat) and Family member of an Adult MH Consumer, MH Advocate, AMH Consumer rep, (1 seat)? We are moving to executive committee election and need to know the legal interpretation of who qualifies for the 2 seats on the five person committee in the 2 specific categories. Attached is the list of categories outlined in statute and the persons appointed to those positions in our region. We may need to include the specifics of these positions in our by-laws.	The intention of the legislation is that these 2 executive position consumer roles are filled by one of the board members serving in any of the following 8 capacities: • Family Member of an Adult SUD Consumer • Adult SUD Consumer rep • SUD Advocate • Family member of an Adult MH Consumer • MH Advocate • AMH Consumer rep • parent representative for MH • parent representative for SUD However, if your region has problems meeting this intention, we (Central Office) would be happy to work with you on alternatives. For example, perhaps the H&W or the School District rep might be in recovery and able to fill the consumer role.
Region	**Question**	**Answer**
2	What is DHW's policy regarding travel reimbursement? We are specifically looking for the part that talks about the 50 mile one-way requirement for travel?	To have lodging covered, the traveler must have to travel at least 50 miles one way to attend the meeting/function. BH Boards can opt to reimburse for mileage regardless of the distance traveled.

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February 13, 2015

Region	Question	Answer
2	**For the Region 2 questions, the option numbering is: Option 1…remain advisory, Option 2…free standing/independent, Option 3…partner with a government entity**	
	1. If the RBHB does not choose option 1, will the RBHB continue to be in a relationship with the Idaho State Behavioral Health Planning Council (SBHPC)?	1. Yes. The relationship between the RBHB and the SBHPC is spelled out in Idaho Code and is an on-going RBHB responsibility.
	2. Who is currently providing the services as stated in the Idaho Code reference 39-3131(1-6)? Are these current H&W services that will now be diverted to the RBHB and their new partner organization?	2. Only subsection (2) in this section of code relates to those services that can be covered within a relationship developed between the RBHB and the public health district (PH) or other partnering entity. It refers to "community family supports and recovery support services" (RSS). This section also is clear that the RBHB only becomes responsible for these services when it is capable of doing so, so there is no pressure from the Division of Behavioral Health (DBH) to start providing services. All other services referred to in this section of code are currently and will continue to be covered by the DBH.
	3. If the RBHB chooses option 3 to partner with another entity, and they now become responsible for the provision of services as stated in Idaho Code 39-3131, will the current funding to provide those services follow the RBHB or remain with regional H&W to provide the services?	3. As stated in the above answer, the only section of Idaho Code 39-3131 that pertains to responsibilities of the RBHBs for services is subsection (2). The responsibilities of the RBHBs are detailed in Idaho Code 39-3135. In subsection (7) it states that the boards <u>may</u> accept the responsibility for RSS and are not expected to provide any services for which funding isn't available for

		their support. How funding is provided, tracked and controlled will be spelled out in those written agreements created amongst the DBH, RBHBs and the partnering entity.
	4. Would the RBHB have the authority per IC 39-3131 to delegate to H&W to continue delivering the required services?	4. The responsibility for providing all behavioral health services remains with the DBH unless there exists specifically and mutually approved agreements between the DBH and the RBHBs to provide any or all of those services detailed in subsection (2) of 39-3131 and/or subsection (7) of 39-3135.
	5. I understand that there is $45,000 for the RBHB to hire a part-time staff person. Is this one time funding, or is it ongoing?	5. The DBH has committed $50,000/region in on-going funding. $30,000 of this funding is earmarked for a .5 FTE salary and benefits. The use of the remaining $20,000 would be determined by the RBHB.
	6. There will be 'start-up' funds needed to re-locate an employee and find space, technology etc for them to work. Is this built into the budget?	6. As stated above, there is an additional $20,000 in funding that is being dedicated to each region, by the DBH, on-going. This funding could be used for "start-up" costs. It is also anticipated that, if in the future, grants were sought for specific uses and the funded position would play a part in utilizing the grant funding, administrative support could be figured in to the grant proposal, to help fund the position.
	7. So much great work has been done by the local H&W staff. The website work is amazing. Will this website be moved to PH or remain on H&W site?	7. The DBH will continue to support our website to provide all information we believe to be helpful to those who use our services. It would also be our aim to provide linkages to whatever other sites that provide compatible and helpful information. There is an expectation that the management and operation of the websites for those entering into agreements between and among the DBH, the RBHBs and the PH or other government entity, would

		be part of the documents created to support these agreements.
	8. What liability risks are there for PH? We have no access to the State Attorney General's office for legal support. Who would pay for legal issues if they arise?	8. At the point that a MOA is in place for the three participating partners (PH,DBH, RBHB) and a contract is in place between the DBH and the PH, the responsibility and liability for decisions being made becomes that of the Contractor (PH). The DBH, as a state agency, obviously continues to have access to legal support through the Attorney General's Office and through that relationship, will have access to its legal support for actions being considered and/or taken by us.
	The following questions pertain to Section 3, Criteria for Readiness of the SBHPC/RBHB application:	
	9. I'm confused about the role of each partner in providing client services? Public Health has no expertise or capacity to provide client services for the BH population.	9. It is anticipated that the development of on-going relationships between the PHs and RBHBs will be mutually beneficial. The PHs come to this relationship with their history of providing services for the general public health with a primary health care focus and the RBHBs will come with an expertise in behavioral health. In actuality, both entities are dealing with populations that need expertise in both areas. There is no expectation from the DBH that any services will be provided until all are in agreement that the structure and funding is in place to do so, and as stated previously, only RSS are being addressed as being provided under this relationship.
	10. PH has an established fiscal structure that is supported by Public Health contracts. There are no additional Public Health funds for fiscal oversight of additional contract or grants management.	10. The specifics of fiscal controls will need to clearly spelled out in the agreements between and among the DBH, PHs and the RBHBs. However, the expectation is that funding would go to the PHs and then fiscal controls would be the responsibility of the PH. Audits, indirect

	a. Who stands for an audit review of BH programs? And who pays for such an audit? b. PH currently has an indirect rate built in to do business. Will this be allowable for oversight of the RBHB programs?	costs and any other fiscal responsibilities would fit into the PH budget structure as it currently exists.
	11. PH provides preventive services related to our mission and vision. We have no capacity or expertise to provide services to the BH population. If the services are related to IC 39-3131, PH has no expertise in BH treatment services, recovery support services, emergency evaluation and intervention services or work with court ordered services. If this is an expectation of this partnership, will there be contract funds from H&W directed to fully cover the staff needed to provide these services?	11. As previously stated, the DBH believes the strength of creating the relationship among the DBH, PHs and the RBHBs is the expertise brought to the table by each participant. There is no expectation that any treatment services would be provided in the agreements created under this effort, nor any emergency or intervention services.
	12. What is a Business Associate Agreement? Is this for HIPPA reasons? Will there be a template from the State for all RBHBs to use? Will these be legal documents supported by H&W?	12. This is a reference to the need for contractual agreements to be in place to document on-going responsibilities of all involved. There may be various documents needed to cover the relationships spelled out in Idaho Code covering transformation efforts. The expectation is that documents can be created and supported by the DBH that can be used as is or modified for use in creating these agreements.
	13. Method of Service provision? Again, Public Health has no staff or finances available for the provision of new BH services.	13. There is no expectation that any services will be provided unless or until the structure and financing have been developed to do so.
	14. Who sets minimum standards? What are they based on? Do they reflect national or state	14. The expectation is that services that would be provided would meet or exceed whatever standards are in place

	standards? Who will evaluate these standards? What are the penalties for not meeting the standards?	governing those services. Any services funded by DBH must meet IDAPA requirements. Additionally, services would need to comply with whatever the PH has in place that would pertain to the services.
	General question:	
	15. Public Health is very data and outcome driven. What are the data sets that are driving this change in governance? What outcomes have been accomplished and measured, and what are the future outcomes to be achieved? Will a change in oversight improve the outcomes in the region?	15. First, the changes being sought through Transformation, are being done to improve services for those we all hope to help. The belief is that having service needs assessed by those closest to the patient base, will result in the best decision-making in regards to services needed. The RBHBs have access to data currently being collected by the DBH. Also, for substance use disorder (SUD) clients, there must be a GAIN assessment done to provide services. This assessment tool provides a vast amount of data, and this information would also become available to use in making decisions regarding what RSS might be most needed in a specific area. It is our assumption that decisions regarding what the goals will be in a region/district, will be made by all those involved in this new relationship and will be based on local needs and gaps . Also it is clearly the hope of the DBH these changes bring about improved outcomes for all involved.

Jan. 28, 2015

Question: In our region, we would like to have a Youth Subcommittee, but statute says we need to have a Children's Mental Health Subcommittee. Will a Youth Subcommittee fill this requirement?

Answer: A Youth Subcommittee should fill the requirement, as long as the members understand one of their focuses must be on Children's Mental Health and fulfilling the expectations of any agreed upon Jeff D. responsibilities.